

## Clear Spring Health Essential PPO

H2020, Plan 002 January 1, 2019 - December 31, 2019

**Clear Spring Health** is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.” You can obtain a copy of our Evidence of Coverage by calling us at 877-384-1241, TTY: 711 or visiting our website at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com).

To join **Clear Spring Health (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Virginia: Chesterfield, Colonial Heights City, Hanover, Henrico, Hopewell City, Petersburg City, Richmond City.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it

online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-877-384-1241 (TTY:711) or visit us at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com). Our call center is open from 8:00 am to 8:00 pm, Monday through Friday from April 1 through September 30 and 8:00 am to 8:00 pm, Monday through Sunday from October 1 through March 31. You may leave a voicemail Saturday, Sunday and Federal Holidays.

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-384-1241 (TTY:711).

Clear Spring Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Premiums and Benefits	Clear Spring Health Essential PPO	Clear Spring Health Essential PPO
	In-Network	Out-of-Network
Monthly Plan Premium	You pay \$29 You must continue to pay your Medicare Part B premium.	
Deductible	No Deductible	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$5,500 annually Includes copays and other costs for medical services for the year.	You pay no more than \$10,000 annually. Combined with in-network maximum out of pocket. Includes copays and other costs for medical services for the year.
Inpatient Hospital	You pay \$304 per day for days 1 through 6 You pay nothing per day for days 7 through 90	You pay 50% days 1 through 90
Outpatient Hospital	You pay \$260	You pay 50%

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Premiums and Benefits	Clear Spring Health Essential PPO	Clear Spring Health Essential PPO
	In-Network	Out-of-Network
<b>Doctor Visits</b>		
<b>Primary</b>	You pay \$15	You pay 50%
<b>Specialists</b>	You pay \$45	You pay 50%
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.	You pay 50%
<b>Emergency Care</b>	You pay \$90.	You pay 50%
<b>Urgently Needed Services</b>	You pay \$40	You pay 50%
<ul style="list-style-type: none"> <li>• <b>Diagnostic tests and procedures</b></li> <li>• <b>Lab services</b></li> <li>• <b>MRI, CAT Scan</b></li> <li>• <b>X-Rays</b></li> </ul>	<ul style="list-style-type: none"> <li>You pay \$25</li> <li>You pay \$25</li> <li>You pay 20%</li> <li>You pay \$45</li> </ul>	<ul style="list-style-type: none"> <li>You pay 50%</li> <li>You pay 50%</li> <li>You pay 50%</li> <li>You pay 50%</li> </ul>

**HEARING SERVICES**

<b>Supplemental Benefits</b>		
• <b>Routine hearing exam</b>	You pay nothing. . You pay nothing. One routine hearing exam is allowed annually	You pay 50%
• <b>Hearing aid</b>	Not covered	
<b>Medicare Covered Benefits</b>		
• <b>Hearing Exams</b>	You pay \$45 per visit	You pay 50%

**DENTAL SERVICES**

<b>Preventive –Supplemental Benefits</b>		
• <b>Oral exam &amp; Cleaning</b>	Not covered	
• <b>Fluoride &amp; X-Rays</b>	Not covered	
<b>Comprehensive – Medicare covered benefits only</b>	Your pay \$45	You pay 50%

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Premiums and Benefits	Clear Spring Health Essential PPO In-Network	Clear Spring Health Essential PPO Out-of-Network
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**VISION SERVICES**

<b>Supplemental Benefits</b> • Routine eye exam	You pay nothing. One routine eye exam is allowed annually	You pay 50%
• Eyeglasses (frames and lenses)	Not covered	
<b>Medicare covered benefits</b> • Other vision services	You pay \$45	You pay 50%

<b>Mental Health Services</b> • Outpatient group therapy/ individual therapy visit	You pay \$40.	You pay 50%
• Inpatient Services	You pay \$330 days 1 through 5 You pay nothing days 6 through 90	You pay 50% days 1 through 90
<b>Skilled Nursing Facility</b>	You pay nothing days 1 through 20 You pay \$172 days 21 through 100	You pay 50% days 1 through 100
<b>Physical Therapy</b>	You pay \$40.	You pay 50%
<b>Ambulance</b>	You pay \$300	You pay \$400
<b>Transportation</b>	Not covered	
<b>Medicare Part B Drugs</b>	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	You pay 50% of the cost of chemotherapy drugs. You pay 50% of the cost of other Part B drugs

**Outpatient Prescription Drugs**

Deductible	You pay \$0 Tiers 1 and 2; \$100 Tiers 3, 4 and 5		
Initial Coverage	Retail Rx 30-day supply	Retail Rx 90-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	You pay \$2	You pay \$6	You pay \$0
Tier 2: Non-Preferred Generic	You pay \$5	You pay \$15	You pay \$10
Tier 3: Preferred Brand	You pay \$42	You pay \$126	You pay \$121
Tier 4: Non-Preferred Brand	You pay \$100	You pay \$300	You pay \$300
Tier 5: Specialty Tier	You pay 33%	N/A	N/A

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Tiers 1 and 2 have out-of-network benefits. Tiers 3, 4 and 5 are only covered in-network.

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Premiums and Benefits	Clear Spring Health Essential PPO
<p><b>Extra/Enhanced Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Worldwide Emergency Coverage</b></li> <li>• <b>Fitness Benefit</b></li> <li>• <b>Remote access technologies</b></li> <li>• <b>Additional sessions of Smoking and Tobacco Cessation</b></li> <li>• <b>Enhanced alternative Rx</b></li> </ul>	<p>You pay \$90</p> <p>Silver and Fit: Basic membership to one plan approved fitness facility or 2 home workout kits per year.</p> <p>Nursing hotline and Web/phone-based technologies: 12 visits per year, limited to Behavioral Health Specialist, Nutritionist and Urgent Care.</p> <p>An additional 4 visits will be offered in addition to Medicare covered benefits.</p> <p>Certain excluded drugs covered as a part of supplemental coverage (e.g. Drugs to treat erectile dysfunction)</p>